

1. Is the Act achieving its purpose? Please explain.

Yes – certainly in terms of identifying the profession and the practitioners within the profession.

2. What evidence supports your answer?

Clear distinction between those registered and those in training to the organisation as a whole. Annual Practising Certificates and re-certification criteria enable management to clearly see those not performing.

3. What, if any, comments do you have on the adequacy of evidence available about the success of the Act and any changes needed – including, for example, any reporting requirements that might ensure more open access to evidence that the Act is being effective.

Good relationship with MLSB and an on-line register have meant availability and accessibility of information.

4. Are the provisions in section 7 of the Act operating in a way that ensures that non-qualified persons do not claim or imply to be qualified practitioners and what, if any, changes do you recommend (note that issues around enforcing breaches are dealt with in the section titled 'Enforcement of the Act' which is set out below)?

As above. No cases – quite clearly now forms part of recruitment policies and is a standard question.

5. Are the provisions in section 8 operating effectively and what, if any, changes would you recommend?

None – working well, clear

6. Are the provisions in section 9 and the current list of restricted activities operating effectively and what, if any, changes, amendments or additions would you recommend?

No problems with Section 9

7. Is the Ministry approach to enforcement of the Act in keeping with the purpose of the Act and what, if any, changes would you recommend?

Not sure re the process for enforcement of the Act – no cases to comment on

8. Are scopes of practice achieving their intent? Please explain.

Believe they are – clarification regarding supervision has been provided by MLSB. Again communication with authority working well.

9. What, if any, comments do you have on the operation of the powers that registration authorities hold to allow conditions or authorisations on individuals' scopes of practice?

Appears fair to the employer. Conditions provide adequate protection to the employer particularly in regard to overseas qualifications.

10. Is the process for developing scopes of practice operating well (eg, are there suitable mechanisms for ensuring scopes of practice reflect service need) and what, if any, changes would you recommend?

Both scopes (MLS and MLT) reflect practice and supervision

11. Do prescribed qualifications reflect scopes of practice? Please explain with reference to particular scopes of practice and considering whether a) the levels of qualification are

too low or too high when considering their purpose of assuring public safety, and b) whether they meet the requirements of section 13.

MLSB assesses adequacy of qualifications – no specific cases to suggest that this is not done in a fair and equitable manner. Qualifications must be related back to BMLSc or equivalent and this is the case.

12. With regard to their purpose of assuring the competence of registered professionals, how well are the current recertification regimes working (where possible refer to particular professions)?

Re-certification process had some teething issues – now working well.

13. What changes, if any, are needed to improve the evidence available to answer the previous question?

No changes needed

14. Where recertification arrangements are in place, what issues arise and what changes, if any, would you suggest (eg, in respect of the nature of the programmes, the level of compliance, monitoring practitioners' compliance, the costs and other impacts on practitioners employers etc)?

Professionally administered after vetting from the MLSB – no issues

15. Where recertification programmes have not been introduced how do the authorities assure competence, and are there ways that these processes could be improved?

n/a

16. What would be the gains or problems associated with requiring all authorities to institute recertification programmes?

Gains – the public can see that they are getting the most up-to-date opinion by a health professional who is willing to extend their knowledge to assist in the treatment/diagnosis of a patient

Problems – cost to the organisation (potentially) although most programmes have on-line and in-house alternatives to conferences. Self attestation plus the competency of the person signing off the re-certification may pose a problem perhaps.

17. Registration authorities have to judge when a practitioner 'may pose a risk of harm to the public' and trigger notification: is this working effectively and what, if any, suggestions do you have to improve effectiveness?

The issue here is when as employers we are required to notify the registration Authority – is simply knowing about a practitioners condition enough or does harm have to come first. We would like some clarification on this.

18. Is it appropriate that authorities must notify a particular set of agencies: what changes, if any, are needed?

See above

19. At what times, if any, other than when there is a concern of a risk of harm to the public, should a registration authority exercise its power to review the competence of a health practitioner?

In view of answer to Q17 some clearer guidelines required here – what constitutes a “concern of a risk of harm”. Also where does the Privacy Act stand in this area of the Act – is simply knowing about an addiction for example sufficient to call a review?

20. Is voluntary reporting by practitioners of possibly unfit practitioners working, on what do you base this opinion, and, in the light of experience, what are your views on making it a requirement to report concerns about a possibly unfit practitioner?

As above – agree if there is potential harm but at what point.

21. Is compulsory reporting by employers of possibly unfit practitioners working, on what do you base this opinion?

Sometimes – but generally “no” because we are unsure of the guidelines

22. Are the interests of the public and of practitioners being balanced when dealing with the risk of harm from practitioners who are deemed to fail to meet required standards of competence? Please explain.

No cases to comment on

23. In practice, do competence and recertification programmes differ, are both sets of provisions needed or should changes be made?

Competence and re-certification are entwined and both sets of provisions are needed.

24. Should any other parties be obliged to inform the registrar of a practitioner’s inability to perform their required functions because of a mental or physical condition?

Yes

25. Are the interests of the public and of practitioners being balanced when dealing with fitness to practise issues? Please explain.

No cases to comment on but believe “yes”

26. Are protected QAAs operating in areas you are familiar with: are they valuable, are there any problems, are the reporting requirements appropriate, should there be any changes to the QAA arrangements, should QAAs continue? Please explain.

No comment

27. Are PCCs being used by the registration authorities you are familiar with, how often and for what reasons?

Yes – some professions more than others. Usually those with more hands on practice (Psych, Medicine, Nursing etc)

28. To what extent is the suspension of an annual practising certificate and referral of a practitioner to the HPDT effective in protecting the public?

No comment as no experience

29. What, if any, additional steps should be taken into account when determining to suspend an annual practising certificate?

No comment

30. What, if any, benefits or problems have arisen from having a single tribunal for all regulated professions and what, if any, changes would you recommend?

Appears to be working well however no specific cases to comment on. Only comment would be in clarification of process and reporting in regards to the HPDT

31. Is the current membership structure of the HPDT operating and are there any changes you would recommend (for example, the mix, the selection and appointment processes, training of members)?

No comment

32. Is there a need for the HPDT to have the capacity to deal with multi-practitioner/ team-based disciplinary matters and, if so, how should this be organised?

Possibly – no thought on structure however

33. Are the current arrangements for financing and supporting the HPDT, appropriate and what, if any, changes would you recommend (including the costs of taking cases to the tribunal and sustaining the operation of the tribunal)?

Again no direct involvement here. Costs always an issue – some thought that these should not be met by the practitioner (in any form) however

34. Are the appeal provisions operating well and what, if any, changes would you recommend?

No comment

35. How do you think the current number and mix of professions and authorities is operating and what, if any, changes do you think should be made?

Working well in current form.

36. Are the provisions for adding new professions or health services working and what, if any, changes would you make?

Think there should be a “critical mass” theory applied to stand alone authorities. Smaller groups to be amalgamated into those already in existence. Must keep like professions together and similarly those authorities that function well should not be disadvantaged. Not in favour of disbanding current authorities – creates confusion and instability – change for change sake not good!

37. Are the current membership and appointment provisions working (eg, is the size and mix right, are people with the best skills being appointed, should the power to hold elections be retained and/or used, are lay and professional members appropriately trained and supported) and what changes, if any, would you recommend?

There appear to be too many lay people appointed without an adequate knowledge or skill base.

Likewise the number of lay people on a board should be a maximum – ie it is necessary to limit the number of lay people on Boards. The governance of a profession requires a broad range of practitioners elected. It is unreasonable to have 3 lay people on a Board of 10 for example – the skills required are industry knowledge for performing tasks such as competence assessment, registration of overseas practitioners etc.

All members should be subjected to annual performance review (peer group)

38. What deletions, amendments or additions, if any, do you recommend to the list of functions – and why?

No comment

39. How well are authorities carrying out their functions and what changes, if any, do you recommend?

No problems with current system – only comment as concerns number of lay members and their role.

40. Are there any specific legislative requirements that regulatory authorities are currently subject to that they should not be? Please explain.

Not aware of any.

41. Are there any specific legislative requirements that regulatory authorities should be subject to that they are currently not? Please explain.

See answer above

42. To what extent are the current powers of the Minister of Health appropriate to the purpose and effectiveness of the Act and what changes, if any, do you recommend?

Unsure of guidelines again – not aware of any prosecutions in regards to practitioners not having an APC. Some clarification perhaps

43. What changes, if any, do you recommend to matters covered by the provisions of Part 7 of the Act?

No comment

44. What changes, if any, do you recommend to specific wording in the Act in order to clarify or address technical issues not otherwise covered already?

No comment

45. What, if any, other matters are you aware of in respect of the operation of the Act and what changes do you recommend?

As already stated:

1. Clearer guidelines re notification of authorities in respect of practitioners with a potential to cause public harm
2. Consideration given to reviewing the number of lay people appointed to a Board (particularly 10 member Board = 3 lay). Replacing lay person with a registered practitioner to spread the governing load and provide for a succession plan.
3. Limit the number of authorities – base on size and function.